

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740

Physical Address: 915 Emmet Street, Petoskey, MI 49770

Phone: (231) 242-1620 / Fax: (231) 242-1635

CHILDCARE ASSISTANCE CHANGE OF INFORMATION FORM

APPLICANT/PARTICIPANT NAME: _____

Section I. Personal Information

☐ Name Change

☐ Address Change

☐ Telephone

Name: _____

Mailing Address: _____

Physical Address: _____

Home Telephone: _____ Work Telephone: _____

Section II. Childcare Needs

☐ Addition

☐ Deletion

Change of Children Information

Add	Del	Child's Name	Birth date	Social Security #	Sex	Tribal #	Hours needed
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

Section III. Household Income Information

☐ Income Change

☐ Household Member Change

Change of Income or Household information

Adding or Deleting

	Name	Social Security #	Action: Explain Change	New Wage
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Section IV. Provider Information

Change of Provider Information

Provider Name: _____

Provider Address: _____

License #* _____ Telephone: _____

Type of Care: ☐ Relative ☐ In Your Home ☐ Group/Family Child Care ☐ Center Based

Applicant/Participant Signature

Date

*A copy of provider's license, if applicable, and completed W-9, must accompany this application.